	PATEN	ORE	ORD										
Effective October 1, 2003 CLAIMS AS FILED - PART I										10	7/	<u> </u>	34
				(Column 1)		(Column 2)		TYPE		ENTITY		OTHER THAN OR SMALL ENTITY	
Ľ	OTAL CLAIN	nS						RAT	Ε	FEE		RATE	FEE
FOR			NUMB	NUMBER FILED		NUMBER EXTRA		BASIC FEE 38		385.00	OF	BASIC FE	F 770.00
TOTAL CHARGEABLE CLAIMS				minus 20=				X\$ 9=			OF	X\$1.8=	
INDEPENDENT CLAIMS				minus 3 =				X43=			OF	X86=	
М	ULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT				+145=			7		
• 1	f the differen	L	TOTAL			OF	<u> </u>	,					
			IOIA	- L		OR	•	L.					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)						(Column 3)		SMALI	L EI	YTITY	OR		R THAN ENTITY
AMENDMENT A	C	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R/	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 17	Minus	- a	5	=		X\$ 9=			OR	X\$18=	
AME.	Independent	<u> 2</u>	Minus	***	<u>3</u>	=		X43=	1		OR	X86=	
_	FIRST PRES	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=	†			+290=	
							L	TOTAL	+		OR	TOTAL	
	•	(Column 1)		(Columi	n 2)	(Column 3)	AD	DIT. FEE	: L_	<u></u>	OR	ADDIT. FEE	
AMENUMENT B		CLAIMS		HIGHE	ST		Г			ADDI-			ADDI-
		AFTER AMENDMENT		PREVIOU PAID FO	ISLY	PRESENT		RATE	TI	ONAL FEE		RATE	TIONAL
	Total ·	•	Minus	**	•		;	X\$ 9=			OR	X\$18=	
Ĭ	Independent	NTATION OF M	Minus	PENDENT C			T	X43= .	Ī		OR	X86=	
_	1110111100	in a second of the	octive be	PENDENT	LAIM	لسللسا	T-	145=			OR	+290=	
•								TOTAL			OR .	TOTAL	•
		(Column 1)	AUL	OIT. FEE			•·· A	DOIT. FEE	•				
}	•	CLAIMS REMAINING AFTER AMENDMENT	·	(Column HIGHES NUMBE PREVIOUS PAID FO	T R SLY	PRESENT EXTRA	F	ATE	TIC	DDI- DNAL EE	ſ	RATE	ADDI- TIONAL FEE
	lotal .	•	Minus	••		=	X	\$ 9=	-		OR	X\$18=	
L	ndependent	•	Minus	***		= '	X	43=			. F	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=											OR -		
Ħŧ	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										DR L	+290=	
- 11 t	ne Trignest Nur the "Highest Nur	nber Previously Pa nber Previously Pa	id For IN THI: Id For IN THI	S SPACE IS ICE S SPACE IS ICE	ss than	20, enter "20,"	ADDI	TOTAL T. FEE	•			DOTT. FEE	
Th	e Highest Num	ber Previously Paic	For" (Total or	Independent)	is the I	highest number fo	ni bnuc	the app	ropri	ate box i	u com	nn 1.	